

Inspection Report

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.
SALON OR BOOTH NAME: Amanda Sagge Booth
ADDRESS: 2120 W Main St. #9 CITY: Rapid City
OWNER NAME: Amanda Sagge TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CB-06293-2018 EXPIRATION DATE: 1-31-2018

B. TYPE OF SALON:

1. Salon ☒ Booth Rental Home ☐
2. Cosmetology (all) ☒ Hair Esthetics ☐
3. New ☒ Routine Re-Inspection ☐ Limited Nails ☐ Other _____
TYPE OF INSPECTION: Investigation ☐

C. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

- YES ☒ NO ☐ 1. Current licenses; Rules/Regulations, Unregulated Services Sign – Displayed _____
YES ☒ NO ☐ 2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions _____
YES ☒ NO ☐ 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged _____
YES ☒ NO ☐ 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
YES ☒ NO ☐ 5. Disinfecting agent(s) available at station _____
YES ☒ NO ☐ 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements _____
YES ☒ NO ☐ 7. Disinfectant container available (large enough) _____
YES ☒ NO ☐ 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
YES ☒ NO ☐ 9. Clean closed containers - to store only cleaned or disinfected tools _____
YES ☒ NO ☐ 10. Closed, labeled containers for soiled towels, linens, tools _____
YES ☒ NO ☐ 11. Pedicure station and tools clean and disinfected after each use _____
YES ☒ NO ☐ 12. Floors clean (no hair or nail clippings) and in good repair _____
YES ☒ NO ☐ 13. Walls, ceilings, fixtures, vents clean and in good repair _____
YES ☒ NO ☐ 14. Plumbing, hot/cold running water and central sewage system _____
YES ☒ NO ☐ 15. Electrical, appliance cords and outlets safe and in good repair _____
YES ☒ NO ☐ 16. Ventilation in work area _____
YES ☒ NO ☐ 17. Restroom, clean with disposable towels, liquid soap _____
YES ☒ NO ☐ 18. Storage room or cabinet for harmful supplies _____
YES ☒ NO ☐ 19. Hair work stations clean and disinfected _____
YES ☒ NO ☐ 20. Nail work stations clean and disinfected _____
YES ☒ NO ☐ 21. Esthetics work stations clean and disinfected _____
YES ☒ NO ☐ 22. Waste Containers emptied at least daily _____
YES ☒ NO ☐ 23. Sinks clean and disinfected, no hair or soap scum Hair in sink trap
YES ☒ NO ☐ 24. Hand sanitizer or hand-washing facilities available for use _____
YES ☒ NO ☐ 25. Hair tools new and/or clean and disinfected _____
YES ☒ NO ☐ 26. Nail tools new and/or clean and disinfected _____
YES ☒ NO ☐ 27. Esthetics tools new and/or clean and disinfected _____
YES ☒ NO ☐ 28. All single-use items disposed after each use _____
YES ☒ NO ☐ 29. All products are clean, closed, and labeled correctly, includes wax _____
YES ☒ NO ☐ 30. Dispersal tools or equipment is used for products _____
YES ☒ NO ☐ 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) _____
YES ☒ NO ☐ 32. Attachments for electrical equipment clean and disinfected _____
YES ☒ NO ☐ 33. Private Residences – separate exit – separate from residential area _____
YES ☒ NO ☐ 34. Other laws and/or rules that apply (list) _____

D. List of Personal Licensees (first & last)

<u>Amanda Sagge</u>	Lic # <u>CO-01781-2017</u>	Expires: <u>12-20-2017</u>
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

Use additional sheet if more space is needed.

E. Comments:

F.

Signature: A. Sagge Date: 10-4-2018 Time: 12:30
Inspector signature: George Linn
Licensee reviewed inspection report with Inspector YES ☒ NO (if "no" why not) _____
RECHECK _____ FAIL Force #17 Blue PASS _____